

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CARE PARTNERS ASSISTD LIVING LINDEMANN HOUSE (0009881)

Address: 2320 FRANK STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096171 **End Date:** 01/05/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093668 **End Date:** 10/27/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091457 **End Date:** 10/28/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090816 **End Date:** 07/29/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006292 Served 08/11/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(7)	REGULATION OF CBRF	09/30/2003	Yes
83.16(1)	ADMISSIONS AGREEMENT	09/04/2003	Yes
83.21(4)(w)	SAFE ENVIRONMENT	07/30/2003	Yes
83.32(2)(a)1	PHYSICAL HEALTH	09/30/2003	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 08/08/2003 **SOD #**10006292 **Appealed:** No

Sanctions

OTHER SANCTION

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Complaint History

Date Complaint Received: 10/12/2004

Date Investigation Completed: 10/27/2004

Subject Area(s)

SUPERVISION

Result

NOT SUBSTANTIATED

SOD #

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